

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9/534825	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL IND.							TOTAL IND.	18					
TOTAL DEP.							TOTAL DEP.	45					
TOTAL CLAIMS							TOTAL CLAIMS	63					